

Effect of Incest on Self and Social Functioning: A Developmental Psychopathology Perspective

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The effects of child sexual abuse have become a leading concern of mental health service providers. Despite an explosion of studies, one major difficulty in this research is the lack of a developmentally sensitive model for conceptualizing short- and long-term effects and continuity and discontinuity of effects over time. This article proposes a model based in the perspective of developmental psychopathology. It is argued that incest has its unique negative effects in the domains of self and social functioning, specifically in jeopardizing self-definition and integration, self-regulatory processes, and a sense of security and trust in relationships. Studies with clinical samples indicate that diagnostic conditions associated uniquely with a history of incest reflect serious self- and social impairments. A review of the developmental literature on self and social development summarizes each major developmental transition from infancy to middle adulthood, and the implications for the negative effects of incest on development are discussed. Finally, implications for developmentally sensitive research are discussed.

In the last two decades, the problem of child sexual abuse has emerged from the cloak of social secrecy and become a leading concern of mental health professionals and a new topic of mental health research. The prevalence of child sexual abuse, defined as acts intended for the sexual stimulation of an adult (National Center for Child Abuse and Neglect, 1988), is difficult to determine, but it is known that abuse of a female child by a familiar man is one common form. In these early years of research, it is difficult to generate precise conclusions about long-term effects because much of the published work suffers from conceptual and methodological limitations.

One major difficulty in designing and interpreting child sexual abuse outcome research is the lack of theoretical or conceptual organization (Finkelhor, 1984). Most studies are atheoretical, attempting simply to describe characteristics of victims, to compare victims with nonabused persons, or to determine if a history of sexual abuse is more common among certain clinical groups. Although different theoretical orientations may be applied to the study of child sexual abuse, any model needs to incorporate a developmental perspective. By definition, child sexual abuse occurs, and in many cases persists, during childhood. Moreover, it is necessary to understand (a) how sexual abuse effects are manifest at different points in development, (b) how developmental factors influence specific outcomes, and (c) how childhood impact relates to later adjustment.

In this article we offer a developmental framework for conceptualizing the effects of incest. Specifically, our approach is grounded in the field of *developmental psychopathology*, a perspective that examines the evolution of psychological distur-

bance in the context of development (Rutter & Garmezy, 1983; Sroufe & Rutter, 1984). The value of this approach is that both normative and atypical variations are considered in studying the origins and nature of psychological disorder. Psychological vulnerabilities in reaction to a stressful event like incest can be conceptualized in terms of developmental factors that influence the child's capacity to manage the stress and in terms of specific developmental tasks that are compromised by the stress. Also, measures that are linked to developmental tasks improve the identification of age-related symptoms and the charting of coherent patterns of continuity and discontinuity between early symptoms and later psychopathology. A better understanding of developmental trajectories associated with child sexual abuse would inform and stimulate research on intervention strategies.

In constructing a developmental framework for conceptualizing the effects of child sexual abuse, it is best to focus on specific forms (Browne & Finkelhor, 1986). Father-daughter incest is a particularly disturbing form because it occurs within the domain of the child's main source of support and socialization. Father-daughter incest is far more common than previously realized (Finkelhor, 1979; Herman, 1981; Russell, 1986), with an estimated incidence of 1 in 70 females (Finkelhor, Hotaling, Lewis, & Smith, 1990). This article focuses on incest and its specific psychopathogenic influences on the development of self. We argue that certain psychopathological outcomes in adulthood have a high probability of association with a history of incest and that self-development is a central organizing construct for understanding such outcomes. We review current research on self-development during childhood and early adulthood and consider the implications for incest during each major period. Finally, we discuss implications for future research.

The Nature of Incest

Although child sexual abuse is a form of trauma, incest by a father is rarely a discrete traumatic event. In its most typical

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form, the abuse is a disturbance in an existing primary relationship that has as its focal points episodes of unwanted sexual contact. The abuse appears to emerge within a context of broader family dysfunction, although incestuous families are not a homogeneous group, and a specific preexisting familial dysfunction has not been isolated. The first sexual contact is usually with the eldest daughter (DeYoung, 1982), typically when she is 7–9 years old (Conte & Berliner, 1981; Finkelhor, 1979; Kendall-Tackett & Simon, 1988). The duration of father-daughter incest is longer than some other forms of child sexual abuse, in part because of the insular nature of the family (Wyatt & Newcomb, 1990).

Most incest victims must cope with multiple aspects of the experience: (a) physical and psychological trauma in the form of the actual sexual experiences, including violation of one's body; (b) extended periods of apprehension, guilt, and fear between sexual contacts; and (c) the loss of a trusted relationship with an emotionally significant person. We regard the specific effects of the pervasive, sustained stress of incest to be most pronounced in domains of self-development, specifically in terms of the development of physical and psychological self-integrity, and the development of self-regulatory processes, particularly regulation of affect and impulse control. Moreover, the development of self is integrally related to social development and a sense of others; sexual abuse by a parent violates the child's basic beliefs about safety and trust in relationships, disturbing both the sense of self and the ability to have satisfying relationships in which one feels loved and protected. In fact, the typical child's social supports are, in incestuous families, the source of distress. Parental authority and societal standards, which value the privacy of the family, limit the likelihood of successful disclosure outside of the family and compromise the chance of the victim's achieving her developmental tasks both within or beyond the family environment.

Summary of Immediate and Long-Term Effects of Incest

The extensive number of studies that have been published in psychology, psychiatry, social work, and medical journals in the last two decades suggest, at first, an overwhelmingly diverse range of long-term effects of incest. Virtually every psychological symptom and many medical symptoms have been associated with incest, including some reported cases of no symptomatology (Conte & Schuerman, 1987). In terms of formal diagnoses, however, recent research has identified a number of disorders in which the incidence of childhood sexual abuse, particularly incest, significantly exceeds the chance rate. These conditions are borderline personality disorder (Brown & Anderson, 1991; Bryer, Nelson, Miller, & Krol, 1987; Gross, Doerr, Caldirola, Guzinski, & Ripley, 1980–1981; Herman, Perry, & van der Kolk, 1989; Ogata et al., 1990; Stone, 1990; Westen, Ludolph, Misle, Ruffins, & Block, 1990), multiple personality disorder (Coons, 1986; Putnam, 1989; Ross et al., 1991; Ross, Norton, & Wozney, 1989; Schultz, Braun, & Kluft, 1989), somatoform disorders (particularly, pseudoseizures, pelvic pain, and gastrointestinal disturbances; Briere & Runtz, 1988; Bryer et al., 1987; Drossman et al., 1990; Gross et al., 1980–1981; Loewenstein, 1990; Walker et al., 1988), eating disorders

(Bulik, Sullivan, & Rorty, 1989; Coons, Bowman, Pellow, & Schneider, 1989; Goldfarb, 1987; Hall, Tice, Beresford, Wolley, & Hall, 1989; Palmer, Oppenheimer, Dignon, Chaloner, & Howells, 1990; Schecter, Schwartz, & Greenfeld, 1987), and substance abuse disorders in women (Brown & Anderson, 1991; Dembo et al., 1989; Edwall, Hoffman, & Harrison, 1989; Harrison, Hoffman, & Edwall, 1989; Ladwig & Anderson, 1989; Miller, Downs, Gondoli, & Keil, 1987; Root, 1989; Singer, Petchers, & Hussey, 1989; Young, 1990).¹

There are two themes shared by these different disorders that suggest disruption in self-development: (a) deviations in the intrapsychic processes of defining, regulating, and integrating aspects of self and (b) deviations in the related ability to experience a sense of trust and confidence in relationships. Specifically, these are reflected in (a) disturbances of the physical and phenomenological sense of self, such as identity confusion, dissociation of aspects of self (e.g., sense of separate selves, loss of memories about self, disturbances of body image); (b) poorly modulated affect and impulse control, including a variety of self-critical and self-destructive symptoms; and (c) insecurity in relationships, particularly distrust, suspiciousness, lack of intimacy, and isolation. The clusters of symptoms associated with each of these disorders are presented in Table 1.

Child sexual abuse victims, including incest victims, frequently report low self-esteem, anxiety, and depression (e.g., Browne & Finkelhor, 1986), but these are common to many other etiologies as well (e.g., Herman, 1981). Among incest victims, there may be a greater probability of anxious and depressive symptoms accompanying other disturbances in self and social functioning and being secondary to disorders other than major depressive episodes. Although we do not contend that all incest victims develop the disorders listed in Table 1, the correlation of these disorders with a history of incest provides a directional signal toward a continuum of dysfunction that may be particularly associated with such a history.

Community samples provide a means of studying individuals who are not necessarily in treatment and who may represent a relatively separate group of incest victims (Browne & Finkelhor, 1986). Such work (e.g., Briere & Runtz, 1988; Gold, 1986; Wyatt & Newcomb, 1990) usually uses symptom checklists or global ratings that do not address constellations of symptoms and that, as yet, have not afforded a means of understanding underlying dimensions. Community studies have examined social relationships, however. Women who have a history of incest report more difficulty trusting adults and peers and experiencing psychological intimacy (Briere & Runtz, 1988; Courtois, 1979; Herman, 1981; Stewart, Stadler, & Cole, 1988), in experiencing intimacy and satisfaction with dating and marriage partners (Hilton, 1984), in managing sexuality (e.g., difficulties range from sexual dysfunction to promiscuity; Becker, Skinner, & Abel, 1983; Hilton, 1984), and in feeling confident, organized, and in control in rearing their own children (Cole &

¹ Posttraumatic stress disorder (PTSD) has also been discussed as a typical outcome for incest victims, and in time empirical evidence may be gathered to demonstrate this relationship. The few studies that have linked PTSD symptoms with childhood sexual abuse have been conducted with child samples.

Table 1

Criterion and Associated Symptoms of Major Psychiatric Disorders Associated With History of Incest

Disorder	Self-integrity	Self-regulation	Social problem
Borderline personality	Unstable sense of self Marked identity problems "Splitting"	Affective instability Impulsiveness Self-mutilating behavior Suicide attempts	Unstable relationships Frantic fear of abandonment
Multiple personality	Sense of separate selves Lost memories of past self Personified self-conflicts	Mood swings Panic attacks Impulsiveness Self-mutilating behavior Suicide attempts	Distrust of others Fragmentation of social roles Unstable relationships
Somatization disorder	Unfounded sense of body as ill or weak Hallucination that name has been called	Anxiety, depression Antisocial behavior Suicidal threats	Occupational, interpersonal, and marital problems
Eating disorder	Distorted body image	Binge eating and purging Intense fear of weight Self-injurious acts Depression	Avoidance of sexual relations
Substance use	Separate drug or alcohol identity	Aggressive, antisocial Mood lability Regulation of mood by drug	Social isolation, withdrawal Suspiciousness

Woolger, 1989; Cole, Woolger, Power, & Smith, in press) when compared with nonabused women, including other at-risk groups, like adult children of alcoholics.

There are fewer studies of short-term effects, but difficulties in self and social functioning appear in roughly parallel form over the approximately 40 studies of child sexual abuse victims (e.g., Deblinger, McLeer, Atkins, Ralphe, & Foa, 1989; Einbender & Friedrich, 1989; Friedrich, Urquiza, & Beilke, 1986; R. M. Gardner, Gardner, & Morrell, 1990; Goldston, Turnquist, & Knutson, 1989; Hartmen & Burgess, 1989; Kiser, Heston, Millsap, & Pruitt, 1991; Tufts, 1984; Wolfe, Gentile, & Wolfe, 1989) as shown in the Appendix. As yet no longitudinal study has examined direct correspondences between child and adult sequelae, but similarities across samples in disturbances in the regulation of mood, self-esteem, interpersonal behavior, and impulse control are indicated, suggesting some continuity.

Because we conceptualize incest as having its specific but pervasive effect on self and social development, we turn to developmental psychology to understand normative aspects of the acquisition of a sense of self, of social development, and of the integration of these aspects of functioning into a psychologically healthy adult. Efforts to operationally define the sense of self and social relations have been developed in recent years that permit the opportunity to identify a normative range and to begin to study deviations in developmental trajectories that aim the individual toward a particular pattern of psychopathology.

Developmental Perspective on Self and Social Relations

The coordination of a secure, integrated sense of self and meaningful interpersonal relationships forms the core of the maturely functioning adult. Sense of self is a psychological construct, an inference derived from one's experience that organizes the experience into a sense of individuality, unity, and continuity (see Harter, 1983 for a review; also Cicchetti &

Beeghly, 1990). Self is a social construct, possible only in the context of differentiation of self from other (Harter, 1983; Sroufe, 1990 for summaries). The sense of self emerges out of the transactions between the individual and others and gains its emotional significance from the important relationships of early childhood (e.g., Bowlby, 1969; Stern, 1985). Self and social development are inextricably bound together, and dysfunction in the self domain would inevitably have its counterpart in the social domain.

Infancy and toddlerhood. The tasks of infancy and toddlerhood related to social and self-development are (a) the discovery of a world of people and objects, (b) the establishment of secure social relationships within the family, (c) the establishment of a basic sense of self, (d) the development of an agentic or autonomous awareness, and (e) the acquisition of an initial sense of right and wrong (or good and bad). These tasks have been hypothesized by many theorists, and the accomplishments have been demonstrated in empirical research (e.g., Ainsworth, Bell, & Stayton, 1981; Campos & Stenberg, 1981; Kagan, 1981; Lewis & Brooks-Gunn, 1979; Zahn-Waxler, Radke-Yarrow, & King, 1979).

In current developmental psychology, much attention has been given to the development of *attachment* (Ainsworth, Blehar, Waters, & Wall, 1978; Bowlby, 1969), a construct that describes the establishment in the infant's mind of an emotionally secure relationship with the primary caregiver, typically the mother (see Alexander, 1992, for more extensive discussion). Secure attachment in infancy predicts later childhood social competence (Waters, Wippman, & Sroufe, 1979), development of identity and self-knowledge (Cicchetti & Beeghly, 1990), and the quality of adult relationships with partners and children (e.g., Main & Goldwyn, 1984).

Evidence for the development of a consolidated sense of self in infancy has been inferred from research that has shown that the majority of infants demonstrate the ability to recognize their own images, to utilize self-referent pronouns, and to iden-

tify self in terms of age and gender by around 20–24 months (see Lewis & Brooks-Gunn, 1979). The sense of self follows major developmental milestones of locomotion, cognition, and language and forms the foundation for the development of a sense of autonomy and agency (Mahler, Pine, & Bergman, 1975; Sander, 1975). Toddlers realize that their behavior is instrumental, and they become preoccupied with exploring and establishing the limits of this separate, autonomous self.

During the first months, the infant is completely dependent on adult caregivers while it matures sufficiently to develop patterns of state change, such as sleeping, waking, and eating (Emde, Gaensbauer, & Harmon, 1976; Wolff, 1987). Next, the human infant demonstrates a small repertoire of self-regulatory skills (e.g., gaze aversion, self-sucking) that serve to modulate internal state. G. G. Gardner and Olness (1981), among others, have suggested that infants and toddlers also have a capacity for dissociation, citing their rapid entry into deep trance states. They speculate that typical comforting acts by parents (e.g., stroking, rocking, and singing soothing songs) stimulate this type of state shift and that the child learns to do this for self. These self-regulatory acts serve as temporary avoidant and instrumental strategies for coping, but they are easily overwhelmed by duration or intensity of the stressing circumstance.

Toddlers show evidence of emotional sensitivity to social situations and of instrumental coping with distress; they show distress when expected social conventions are violated (Kagan, 1981), including their own misbehavior (Dunn, 1988; Stipek, Gralinski, & Kopp, 1990), and show some capacity for tolerating and coping with distressing situations (Cole, Barrett, & Zahn-Waxler, in press), including efforts to reduce the distress of others (Zahn-Waxler et al., 1979). In sum, during infancy and toddlerhood there are significant advances in the development of a sense of self, of initial self-regulatory functions, and of trust and sensitivity in social relations.

Incest of infants and toddlers appears to occur at relatively low frequencies compared with all other age groups. Abused infants are unlikely to have an understanding of the impropriety of sexual acts perpetrated against them but are affected by the physical trauma of acts such as attempts at penetration by a person or with an object. More important, the infant's basic sense of the physical integrity of a separate self, basic trust in the responsive love and protection of the parent, and sense of control over events are threatened. Because incest usually occurs later in childhood, the other important consideration is that incest may undermine these fundamental beliefs when it does occur.

Preschool years. The preschool years are generally marked as ages 2–5 or entry into elementary school, and they mark the transition from infancy to childhood. In terms of social and self-development, the child's task is to learn to integrate its secure sense of an agentic self with the restrictions of the social world. Preschool age self-regulatory behavior includes setting limits on one's own behavior (Kopp, 1982), cooperating with others (Hartup, 1983), and being accountable for rule violations (Dunn, 1988). Recent research also has shown self-regulation of affect in preschoolers (e.g., Cole, 1986; Fabes & Eisenberg, in press; Kopp, 1986). At the same time, preschoolers' play evidences cognitive and social growth as it changes from basic exploration of objects to the inclusion of pretend or symbolic

play (Garvey, 1977). Through interactions and through play, preschoolers learn the limits of and differences between what is real and what is not real.

Preschoolers' sense of self tends to be restricted to concrete, observable attributes (e.g., "I am a girl," "I have long hair;" Guardo & Bohan, 1971) that become increasingly elaborated and differentiated. Young children can be seen to move through these different aspects of self in their discourse and play (Dunn, 1988; Wolf, 1990). One task of this period is distinguishing which aspects of self are changeable (e.g., height) and which are permanent. Constancy of gender and race appear to be established by the end of the preschool years.

In situations where preschoolers lack articulated coping strategies, denial (behaving as if a problematic situation did not happen or is not true) appears to be a common coping mechanism (Cramer, 1991; Fraiberg, 1959; Freud, 1966; Trad, 1989). Anna Freud argued that denial is normative in young children and is in fact a technique parents use to help young children cope (e.g., when preparing for an injection, saying "Now, this won't hurt"). Empirical studies indicate that denial increases during the preschool years (Cramer, 1991; Dunn, 1988; Schibuk, Bond, & Bouffard, 1989). Dunn (1988) also describes how preschoolers blame wrongdoing on someone else or use a pretend identity (see also Dunn & Kendrick, 1982). In addition to denial, dissociative capacity appears to increase rapidly during preschool years, including visual hallucinations, spontaneous trance states, amnesias, rapid shifts in demeanor, imaginary playmates, and sleepwalking (G. G. Gardner & Olness, 1981; Putnam, 1991).

Therefore, during the time that preschoolers are developing self-regulatory skills for coping with distress and rules, such skills are limited. When they become tired or emotionally overwhelmed, their self-regulatory skills wane, and they become more dependent and demanding. Preschoolers are further restricted by cognitive limits in being able to distance intellectually from the immediate, concrete experience, what Piaget (1932/1965) termed *egocentrism*. Their perspective tends to be dominated by their actual experience and vantage point, which necessarily limits the abilities to make accurate causal judgments and attributions and to be self-reflective or insightful.

Some cases of incest begin during the preschool years. There has been controversy about whether the developmental status of preschoolers protects them against the effects of the abuse or whether it creates greater risk. One argument is that preschoolers do not realize the taboo nature of the incest and are protected from guilt by their innocence. Another view is that incest occurring this early in ego development has a profound and pervasive negative effect on adult personality. Current developmental research would favor the latter. Preschoolers are aware of basic rules of social roles and are distressed when rules are violated (Kagan, 1981). Fraiberg (1959) pointed out that preschoolers can name most body parts, have received socialization messages from adults about touching genital areas, and have an understanding, if not entirely accurate, that there are social tensions associated with these areas.

In addition, victimized preschoolers may depend on coping through denial and dissociation. Instrumental coping (e.g., refusing to participate) and avoidant coping are overridden by the social authority and physical proximity of the abusive father.

The option of turning to other adults for help is limited by confusion about what is happening, feelings of guilt and shame, and fear of the consequences of disclosure. Some fathers actually instruct or terrorize their children about telling. In fact, many cases of incest of preschool age children are recognized through precocious knowledge of sexual activity rather than self-disclosure (see Waterman, 1986). Moreover, sexual abuse at this age compromises the ongoing self-organization and self-regulation that are major tasks of the period and sabotages the earlier accomplishments of infancy and toddlerhood.

Childhood. In the elementary school years that precede the onset of puberty, the social and self-developmental tasks revolve around an increasing sense of cognitive and social competence and control (Connell, 1990; Harter, 1983). At the beginning of childhood, children have an established sense of themselves as being human, being a particular gender and sex role, being a unique individual, and being a continuous, physical entity (Guardo & Bohan, 1971). During childhood, the understanding of self comes gradually to include awareness of nontangible, psychological characteristics (thoughts, feelings, motivations) and a more acute sense of comparison of self with others (Harter, 1983; Ruble, Boggiano, Feldman, & Loebl, 1980; Selman, 1980). Around age 8 or 9, self-criticism and awareness of feelings like shame and pride are more evident (Ferguson, Stegge, & Damhuis, 1991; Harter, 1982; Selman, 1980). During this time, children also begin to develop the ability to conceptualize the self as having both positive and negative qualities. For younger children, *opposite* qualities are cognitively incomprehensible, and the children deny one or the other quality (Harter, 1983).

These elaborations of self are related to cognitive advances and social experience. Operational thought and metacognitive processes facilitate the integration of the continually elaborated aspects of self and assist in the ascertainment of a more abstract self-dichotomy, the sense of the *I* that can regard the *me* (Piaget, 1932/1965). The child can reflect on self as an object. Social experience reflects and demands of the child a variety of new and differentiated self-aspects, particularly as they shift to the development of peer relations and increasing self-competence. In the development of friendships, children are embarking on forming and maintaining relationships of choice (Damon, 1983). They understand that friends share enjoyable activities, and they are cooperative with one another, are sensitive to peer evaluation, and begin to incorporate others' perspectives into their interpersonal transactions (Selman, 1980). As they approach adolescence, they begin to integrate more cognitively sophisticated elements of loyalty and trust into their friendships (Berndt, 1981; Selman, 1980).

In terms of coping, the widened social sphere of friends allows children new sources of interpersonal support, new social demands, and the opportunity to increase self-regulatory capacity. Children have developed sufficient self-control to learn to inhibit impulsive or selfish acts for the sake of social relations. The moral sense and attendant guilt is integrated into how one views oneself, whereas earlier the moral sense was more defined by the concrete consequences of wrongful actions (e.g., punishment). All these various changes reflect greater cognitive control, as do advances in defensive and cognitive coping. Inference, reflection, and reasoning provide more latitude in

problem solving. The use of denial and dissociation appears to decrease as children begin to use blaming others, rationalization, and other defenses (Cramer, 1991; Douglas, 1965; Freud, 1966; Schibuk et al., 1989).

The average age at which the first sexualized contact between father and child occurs is between 7 and 9 years. The abuse challenges the likelihood of the victim's increasing the scope of social experience and establishing a sense of self-competence in the social world beyond the home. Intense guilt, shame, and confusion diminish the likelihood of feeling secure enough to build friendships and to receive social support outside the home. Unable to relate realistically to emotionally intense experiences and lacking an adequate model of flexible self-control in at least one parent, the child may exhibit undercontrolled behavior or may vary between rigid and poor control. Although denial and dissociation usually decrease during this period, they appear to remain elevated in sexually abused children (Adams-Tucker, 1985; Putnam & Trickett, 1991). These circumstances interfere with the integration of positive and negative aspects of self and realistic self-appraisal.

Adolescence. The most salient aspect of the developmental changes of adolescence is the onset of puberty and emerging sexuality. Only infancy marks a period of more growth and change. The physical changes of puberty involve psychological and social adjustments, as the individual must integrate the acquisition of secondary sex characteristics and alterations in the way others relate to the adolescent into self-definition and social behavior. Social development during this period is marked by a transition away from same-sex peer relations and toward relationships with the opposite sex. The qualities of closeness and similarity seen during earlier friendships are elaborated into qualities of mutuality, intimacy, and exclusivity (Youniss, 1980).

With the increasing power of abstract thought, adolescents begin to conceptualize each other's inner thoughts and feelings, and adolescent friendships involve considerable self-revelation. Self-understanding develops an introspective quality. It includes the notion of a mental self, an observing ego that can watch the thoughts, intentions, and feelings of self and evaluate them. It includes a more articulated sense of self as a stable personality and involves an integration of aspects of self into a whole (Damon & Hart, 1982). This marks the beginning of the ability to cope with self-reflection, to infer the nontangible experiences of others, and to incorporate those into one's understanding (Selman, 1980). While these developing skills increase the adolescent's ability to view and understand self, they also contribute to a sense of acute self-consciousness as one realizes that others are capable of these same inferences and insights into a person's self (Elkind, 1967). In the course of these changes, youths experience a normative multiplicity of selves as they strive to identify and like who they *really* are throughout adolescence (Harter & Monsour, in press; Rosenberg, 1986). Also, transient experiences of depersonalization and derealization are not atypical (Putnam, 1985). The task of identity formation (Erikson, 1968) requires the adolescent to integrate a complex of self-related features and consolidate them into a unified, continuous sense of self that is compatible with the self-view and the view of others.

Despite the popular belief that adolescence is marked by

conflict and turmoil and rebelliousness to parental values, most adolescents report harmonious relationships with their parents and seek their parents for guidance about important decisions (Josselson, 1980). Adolescents engage in exploratory behaviors that test the boundaries of their self-control, but most are capable of fairly well-regulated, autonomous functioning. The adolescent who consistently experiences conflict, tests limits, and lacks self-control is atypical and symptomatic, and descriptions of adolescence as turbulent are usually based on clinical case reports (Rutter, 1980).

Incest begins during adolescence for some victims, but for most victims it begins before this period and continues through some portion of adolescence. Clearly, the sexualized relationship with the father represents a highly deviant social experience at a time when the adolescent is trying to absorb her changing sexual identity and to explore opposite-sex peer relationships. Difficulties in these areas are likely. Moreover, the continuing developmental task of integrating the multiple and changing aspects of self into a coalesced, coherent whole is significantly jeopardized. The nature of the adult outcomes uniquely linked to incest suggests that this integration may not be achieved (see Table 1). Again, if the victim has had to rely on coping through denial and dissociation, the risk for severe psychopathology is heightened. Reliance on relatively immature coping strategies, which preempt reflection, reasoning, and planning, increases the likelihood of acting impulsively when frustrated, depressed, or anxious (typically by engaging in misconduct, such as substance abuse, sexual acting out, running away, and other self-destructive behaviors). Adolescents whose first sexual victimization occurs after puberty may be less prone to these symptoms and to risk of severe adult psychopathology. For example, retrospective studies of women with multiple personality disorder show that the large majority report onset of abuse between ages 3 and 5 with 95% reporting onset before age 9 (Coons et al., 1989; Putnam, Guroff, Silberman, Barban, & Post, 1986; Ross et al., 1989, 1991; Schultz et al., 1989).

Early to middle adulthood. It is difficult to pinpoint a specific sequence of events that mark adult social development, and the transitions in adulthood appear more self-directed than do the transitions of childhood (Cowan, 1991). Rather, developmental psychologists conceptualize adult development in terms of transitions that occur in variable order. Early adult development is organized around marriage, birth of the first and last child, and an *expansion* phase that follows the birth of the last child and marks a period of relative stability (Elder, 1991). By the late 20s and early 30s, most American adults have identified themselves in terms of one or more of these developmental tasks. The changes are reflected in self and social development as one becomes identified in terms of a number of roles—worker, wife, mother—and the integration of one's own identity with others' identities (Fischer, 1980). The individual has responsibilities to other individuals that must be fulfilled and that require yet another level of ability to regulate self in such a way as to accomplish these things maturely. Child rearing, for example, demands that the adult regulate his or her own time, activity, and affective state as well as the state of young children, a particularly emotionally demanding experience (Dix, 1991).

By the mid-30s, typical adults have established an adult lifestyle and have entered the expansion phase; there is an increase in reflection on these life circumstances and choices. In terms of self-development, the youthful question "What will I be when I grow up?" has been transformed to the reflective question "Who have I become?" The years between 28 to 38 seem to be characterized by the awareness of the limitations and imperfections of one's chosen paths and a sense of the narrowing of one's horizons (Back & Gergen, 1968; Levinson, 1978).

By the time the incest survivor reaches adulthood, the cumulative impairments to her self and social functioning influence her transition into adulthood and the roles of adult women. First, we would expect deviations in the timing and sequence of the major adult decisions, for example, early marriage or childbearing, or avoidance of these roles. Moreover, adult sexual relationships are negatively affected in a variety of ways. The ability to communicate with the sexual partner, to feel secure expressing the limits of one's sexual comfort, and even to experience sexual arousal are interfered with because the first sexual experiences of incest victims lack such mutuality. Tendencies toward impulsiveness, lack of insight, and lack of self-respect can easily promote revictimization. The formation of close, intimate relationships is difficult because healthy adult relationships rely on trust, a secure sense of self in relation to another, and the ability to regulate oneself in emotional conflicts and to know the other sufficiently to know when and how to rely on the other. Marriage and parenthood, in particular, test the self-boundaries an individual has established and most likely create more stress than satisfaction for many incest victims. Finally, self-integrity is probably impaired.

On the other hand, adulthood does afford the opportunity to leave the home and to form new relationships. Physical distance can promote psychological distance and pave the path for the ability to reflect on and to reason about the childhood sexual experience. Moreover, having one's own children and parenting those children, particularly during the ages when one's own abuse occurred, may serve as a stimulus for reawakening forgotten or resolved aspects of the abuse. In fact, the average age of the adult incest survivor in retrospective studies other than college samples, 32–38, suggests that incest victims too enter a period of adulthood self-reflection. Interestingly, many incest survivors enter therapy with presenting problems other than a history of child sexual abuse, and a sizable number do not recall the abuse until later in the therapy relationship. The therapy process, including the availability of a secure relationship with an adult, may stimulate the recollection process and promote development (Herman & Schtztow, 1987).

Implications of a Developmental Model for Sexual Abuse Research

To summarize, incest interferes with typical self- and social development, and the psychiatric disorders most closely associated with a childhood history of incest reflect these impairments in self and social functioning. Research in developmental psychology reveals that self and social development are important, continuing themes throughout infancy, childhood, adolescence, and adulthood and that each developmental transition is associated with revision and change in one's self-defini-

tion and integration, in the self-regulation of behavior and affect, and in the scope and quality of one's social relationships. The incest experience interferes with these necessary developmental transitions in a manner that increases the risk of serious psychopathology. We now discuss the implications of this developmental perspective for conceptualization and design of future research on individual differences in the effects of father-daughter incest.

Implications for Assessment

The impression that the effects of incest or child sexual abuse are diverse and nonspecific may be due to a failure to conceptualize the underlying organization of the resulting impairments and to select appropriate measures. First, outcome measures should extend beyond symptom checklists. Also insufficient is the categorical method of measuring outcome, the identification of disorders as described in the *Diagnostic and Statistical Manual of Mental Disorders*, 3rd ed. (American Psychiatric Association, 1980). Evaluation of outcome needs to be comprehensive and focused on broad aspects of self and social functioning at each point of assessment. Research needs to include assessment of the individual's sense of self, competence in the intellectual and social domain, self-regulatory and coping capacities, and the quality of interpersonal relationships with peers, teachers, and friends. Assessment of self should be more comprehensive than a measure of self-esteem and should include measures that assess the ability to understand and integrate multiple elements of self (e.g., Harter & Monsour, in press) and a repertoire of coping and defensive strategies. Moreover, observational research is needed to study interpersonal and coping skills that are unavailable to self-report. If denial and dissociation are predominant defenses for many survivors, observational research is critical. Organizational constructs such as self and social development afford selection of measures that are developmentally sensitive to different age periods and that still offer conceptual coherence across time (Sroufe, 1979).

Developmentally focused research on the effects of child sexual abuse needs to include well-conceptualized cross-sectional studies, short- and long-term prospective studies of identified cases, and the assessment of the occurrence of sexual abuse in large longitudinal samples that follow individuals from infancy to adolescence or adulthood. The latter studies can contribute much-needed information on conditions that precede the onset of incest. Despite the limitations of child outcome research (e.g., being limited to reported cases) and longitudinal research (e.g., expense, attrition), a combination of studies with a common conceptual base should increase our knowledge of the trajectories that lead from the occurrence of incest to later psychopathology, a knowledge base that currently rests mainly on retrospective research. By using an articulated developmental theory, convergence across findings of different research designs is possible.

The risks to incest victims that stem from interference in the normal developmental path are not static. Individual differences in adjustment must be understood in terms of developmental process, as deviations from normative trajectories as opposed to fixations at a single point in time. Each developmental transition provides the victim with opportunities to *repro-*

cess the experience; one never ceases to have been victimized, but one continues to conceptualize and come to terms with this experience in new ways. One impact of a traumatic, secretive experience like incest is its impact on the timing and sequencing of one's ability to integrate and process experiences. Psychotherapy process studies of incest victims and their families could benefit from a developmental psychopathology perspective (see also Alexander, 1992).

Implications for Studying Individual Differences in Outcome

Child sexual abuse research needs to account for variance in the range of outcomes from relatively disorder-free subjects who report low self-esteem, shame, and interpersonal distress to dramatically impaired individuals with formal psychiatric disorders. In our opinion, age-related variables, particularly the *age at first sexual contact* and the *number of developmental transitions during which the abuse persisted*, should be included with other factors in studies of effects of child sexual abuse. However, age variables must be conceptualized as *markers* for psychological changes. The failure to recognize age as a marker representative of specific psychological changes may explain the unsatisfying results of efforts to use age variables as effective predictors (Briere & Runtz, 1988; Browne & Finkelhor, 1986).

We predict that all incest victims suffer in their self- and social functioning. The severity of outcome is a function of the timing of the interference of self and social development, as well as other contextual factors such as the child's coping ability and individual differences in temperament and the familial context, particularly whether the mother colludes in the abuse. If the abuse is perpetrated by a caregiving parent and the child lacks strong, supportive mediating relationships with the other parent or others outside the nuclear family, development is compromised. Maternal and other sources of social support can be conceptualized in terms of their affording the incest victim an experience of continuity, stability, and security that promotes self and social development.

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(Appendix follows on next page)

Appendix
Parallels of Commonly Reported Sequelae of Incest for Children and Adults

Children and adolescents	Adults
Self-functioning	
Depression	Depression
Low-self esteem	Low self-esteem
Suicide attempts	Suicide attempts
Self-destructive behaviors	Self-destructive behaviors
Drug and alcohol abuse	Drug and alcohol abuse
Fears	Anxiety and phobias
Somatic complaints	Pelvic pain and somatoform disorders
Distortions in body image	Eating disorders
PTSD symptoms	PTSD (hypothesized)
Social functioning	
Inappropriate sexual behaviors	Prostitution
	Sexual dysfunction
Delinquency and conduct problems	Borderline personality disorder
Aggression	Relationship problems

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